

# From Policy to Practice: Unraveling the Landscape of Healthcare Challenges in Pakistan

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## Abstract

A healthcare system's principal responsibility is to ensure timely, acceptable, cost-effective, and easy access to the best medical facilities available. However, to function optimally, adequate infrastructure and funding are necessary for a healthcare system. The healthcare system of Pakistan is largely beset with difficulties, with a severe shortage of hospitals, physicians, nurses, and paramedical personnel impacting the delivery of healthcare services. Most importantly, there is a lack of confidence in the healthcare system due to poor quality of services, accessibility issues, financial barriers and communication gaps, which contribute to the growing prevalence of quack medicine. Pakistan's healthcare system consists of two parallel systems, which are public and private hospitals. The former lacks even basic medical facilities, while the latter is too expensive for the general population to afford. Over the years, many assessments have been conducted on Pakistan's healthcare system, revealing many shortcomings. Policies must now be created and actions must be taken by the policymakers, healthcare professionals and international organizations to minimize and address these deficiencies. Hence, the authors present some policy recommendations for redeeming the faltering and compromised healthcare system of Pakistan.

**Keywords:** Healthcare, healthcare systems, community-based distribution, healthcare inequalities, healthcare infrastructure, public health infrastructures.

## INTRODUCTION

The World Health Organization (WHO) defines a healthcare system as encompassing all organizations, people, and actions whose primary intent is to promote, restore, or maintain health [1]. Similarly, a global healthcare system is where all countries collaborate to promote health and decrease disease burden [2]. In Pakistan, the healthcare system comprises of public and private sectors that work together in delivering healthcare services to the population. The public sector provides care through a three-tiered system viz. primary, secondary and tertiary care [3, 4]. The private sector serves around 70% of the population in Pakistan primarily due to the inadequacies of the public healthcare system, economic factors and the evolving landscape of healthcare delivery. It includes a diverse group of healthcare providers such as doctors, nurses, pharmacists, traditional healers and unqualified practitioners [4].

Of the four models of healthcare systems in operation globally, including the Bismarck model, Beveridge model, Out-of-Pocket model and National Health Insurance model, which combine facilities at private and public levels, Pakistan employs the Beveridge model that is reminiscent of the British healthcare system since its partition from the Indian subcontinent. The Beveridge model is a healthcare system where

the government provides universal healthcare services funded through taxation, ensuring that all citizens have access to medical care without direct charges at the point of service.

Even though the private and public sectors work together to provide the best healthcare possible, total healthcare expenses have made it challenging to maintain high-quality care. The government has only spent a small portion of the Gross Domestic Product (GDP) on healthcare amounting to only 0.5-0.8% in the last decade, in contrast to the 6% proposed by WHO, leading to several critical issues for the country's population including limited access to healthcare, increased out-of-pocket expenses and poor health outcomes [5].

These challenges have increased recognition recently by healthcare professionals and civil society organizations, and policies are being developed to improve the healthcare system. The Alma Ata Declaration mandated that governments have a responsibility to provide primary healthcare (PHC) to their people. Subsequently, Pakistan has provided basic healthcare, including nutrition, immunizations, and maternal and child healthcare, for almost 70% of its rural population [2]. Moreover, it has been legislated that an individual's well-being is a significant predictor of their quality of life, including physical and mental health. This legislation is primarily reflected in the National Health Policy and related initiatives. The Ministry of Health, under various administrations, has been responsible for enacting and implementing these policies, with

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significant developments occurring since the early 2000s.

### **CURRENT LANDSCAPE**

Pakistan, being a United Nations (UN) member, aims to meet the established healthcare standards by 2030, which is in line with the Sustainable Development Goal 3 (SDG 3) which aims to ensure healthy lives and promote well-being for all ages, focusing on universal health coverage, ending epidemics, and reducing maternal and child mortality, among other health-related targets [6]. To achieve this, numerous programs have been implemented, transforming Pakistan's healthcare system to meet a significantly more promising future. As one of the first nations to promote public-private partnerships (PPPs), Pakistan takes pride in the successful results of this innovative approach. From 1990 to 2019, Pakistan had 108 financially closed PPP projects worth approximately \$28.4 billion, according to the Asian Development Bank [7]. Furthermore, in 2021, the Public Private Partnership Authority (Amendment) Act 2021 was enacted after amendments to the 2017 PPP Law were approved by the parliament [7]. This strengthened the legal and regulatory framework for developing and implementing PPPs, encouraging private investment in public infrastructure and related services. Examples of effective initiatives include the Expanded Program on Immunization, the National Tuberculosis (TB) Control Program and the Child and Maternal Health Awareness Program. The highly regarded Lady Health Worker (LHW) Program, which ensures door-to-door PHC delivery, is a significant step towards obtaining the best standard of healthcare. There are currently about 100,000 LHWs employed across the five provinces, with each LHW catering to a population of 1,000 [8, 9]. Public volunteering and the awareness raised by these female volunteers with specialized training have had a significant impact.

The government has continuously worked to lower hospital healthcare expenses and has set up independent organizations to delegate more effective and efficient healthcare delivery [10]. In order to create a healthcare system that is efficient, easily accessible, and reasonably priced, Pakistan still has a long way ahead. From poor infrastructure to an uneven allocation of healthcare facilities, the system is beset with many shortcomings and the number of healthcare facilities is severely lacking.

### **MAJOR CHALLENGES**

The ongoing underfunding of the health sector along with corruption, political instability, and uneven resource allocation, are major contributors to the lack

of healthcare infrastructure. Pakistan is required to construct and self-equip with additional tertiary care and educational institutions. At present, healthcare receives only 0.4% of the country's GDP, significantly less than the recommended assignment of 6% for low-income countries by WHO [5]. Furthermore, Pakistan's urban and developed cities receive an inequitable share of this funding with a lesser share directed towards the rural areas which account for almost 64% of the country's land area [11]. Consequently, there are significant disparities in access to healthcare services, with rural populations deprived of even basic medical facilities.

In 2020, WHO published a health workforce profile and highlighted the acute shortage of nursing workforce in Pakistan [12]. The lack of incentives and cultural barriers largely account for this crisis. Negative perceptions of the nursing profession, exacerbated by inadequate working conditions, low salaries, and a lack of professional recognition, leading many nurses to seek better opportunities abroad, account for some of the cultural barriers associated with the profession in Pakistan. Additionally, the migration of trained nurses to the Middle East for higher pay reflects a broader cultural undervaluation of nursing within Pakistan, further straining the healthcare system. In Pakistan, only 5% of nursing personnel possess a Bachelor of Science (B.Sc.) degree, which is alarming keeping in view the fact that paramedical personnel and nurses constitute a majority of the country's workforce [12]. In addition, the doctor-to-patient ratio is 1:1300 in contrast to 1:1000 recommended by WHO [4]. In 2020, Pakistan had only 116,659 registered nurses for approximately 200 million people, according to the Pakistan Economic Survey 2020-2021 [13]. This indicates a nurse-patient ratio of 1:40 in general hospital wards, far below the recommended ratio of 3:10 by the Pakistan Nursing Council [14]. Pakistan produces around 32,879 new physicians every year, but 40% of them leave for better prospects abroad, amounting to a considerable brain drain [15].

In summary, Pakistan faces a critical shortage of healthcare providers, especially nurses, due to inadequate training capacity, brain drain, and inequitable distribution of resources between urban and rural areas. Addressing this shortage is a major challenge for Pakistan's healthcare system.

### **FUTURE DIRECTIONS**

To address the scarcity of workers and enhance its healthcare system, Pakistan must urgently optimize its healthcare administration through increased government funding and better resource allocation. The government

**Table 1:** Policy recommendations for improving Pakistan's healthcare system.

Recommendation	Measures
Increase Healthcare Funding and Investment	Construct and rehabilitate healthcare facilities, especially in rural regions. Generate funds through innovation and novel financial models such as social and community-based insurance, voluntary health insurance, crowdfunding and donations, and microfinancing for health.
Address Healthcare Workforce Challenges	Provide better incentives and improve the work environment. Improve the quality of medical and allied education in both the public and private sectors to produce a higher-quality healthcare workforce.
Strengthen Health Governance and Policy Planning	Develop cost and financed implementation plans for health strategies for all provinces. Prioritize national healthcare as an indicator of progress and development, ensuring continuity of policies regardless of changes in government or leadership.
Improve Healthcare Access and Equity	Expand the coverage and effectiveness of free healthcare for vulnerable communities. Address the urban-rural divide in healthcare access and service provision. Ensure equitable distribution of public health expenditures.

should prioritise building and renovating healthcare facilities, especially in rural areas. Furthermore, it is imperative to investigate novel financing approaches to raise funds for healthcare. PPPs are an apt example of such creative models. In 2015, Pakistan introduced the Sehat Sahulat Program (SSP) as part of the WHO's universal health coverage (UHC) initiative, which was a collaborative effort of the government and private insurance companies [16]. Its primary objective has been to give marginalized and vulnerable communities access to free healthcare services. Although there have been some obstacles to this program's success, such as limited coverage and reimbursement delays, it has improved healthcare accessibility and has been largely successful [16]. This initiative can act as a basis for additional PPPs.

### CONCLUSION

In conclusion, providing basic healthcare facilities to the general population is difficult on all national governance levels. Nevertheless, these obstacles can be addressed through focused planning and adequate funding. The rapid turnover of governance in Pakistan has been detrimental to the continuity of previous healthcare policies. Significant improvement of the national healthcare infrastructure should be of prime importance regardless of any government or regime. Unless healthcare is made a fundamental priority and foremost indicator for national development and progress, quality healthcare for the general population in all capacities can never be visualized. In recent years, several assessments of the national healthcare infrastructure have been carried out, highlighting various gaps. Now policies must be formulated and implemented by policymakers, healthcare professionals and international organizations for addressing and overcoming these deficiencies. Some policy recommendations for improving Pakistan's healthcare system are mentioned in Table 1.

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### CONSENT FOR PUBLICATION

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### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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### AUTHORS' CONTRIBUTION

MAK – Conceptualization, Literature review & Writing – Original draft

SZ – Writing – Review and editing

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